Appendix C: Summary of Revisions to the Provider Monitoring Tool

This table reflects revisions to the text of Provider Monitoring Tool. Changes in numbering without changes in the text of the Key Element or subelement are not reflected on the table. Changes in the organization of the worksheets are not reflected on the table. There are now five worksheets, organized by Domain.

Original	Revision	Reason
Worksheet 1		
1A.1a The provider has a current QM Plan that reflects its current organizational structure and services. The plan has been reviewed and updated as needed to incorporate relevant changes in its operations and goals.	1A.1a The provider has a QM Plan that reflects current QA/QI activities or strategies.	Clarification
Worksheet 2		
3A.1b Education (e.g., copy of diploma for paraprofessionals, and official transcript and evidence of degree for all others)	3A.1b Education (e.g. copy of diploma/GED for paraprofessionals, and copy of official transcript and/or evidence of degree for all others)	Clarification
3A.1c Verification of experience that was noted on the application or resume (including dates)	3A.1c Verification of experience to determine professional status and to verify experience with population to be served	Clarification
3A.1d Reference checks	Deleted	Not required in rule
3B. The provider demonstrates that background checks are conducted prior to employment	3B. The provider demonstrates that background checks and disclosures are conducted in accordance with rule	Clarification
3B.1a Criminal background checks conducted within 5 days from the date the employee begins working with the agency.	3B. 1a Provider conducts criminal background checks and requires disclosure of criminal conviction in accordance with rule	Clarification and to address different requirements based on provider/service
3C. Provider staff and clinical supervisors understand the requirements of their positions	3C. The job description meets the requirements of the position outlined in the service definition	Clarification and to reflect the content of the subelements
3C.1a The staff requirements match those outlined in the service definition	3C.1a The job description meets the personnel requirements outlined in the service definition	Clarification
3C.1b The current staff duties /responsibilities are described	Deleted	Duplicative—see 3C.1a
3F. The provider has an employee training program	3E. Employees receive the required training	Clarification
3F.1d Alternatives to restrictive interventions (e.g. NCI, Part A, restraint and seclusion training)	3E.1d Alternatives to restrictive interventions (e.g. NCI Part A, CPI, or other Division approved curriculum) with formal refresher training periodically (at least annually)	Clarification

Original	Revision	Reason
3F.1e Abuse, neglect and exploitation	Deleted	Not required
3F.1f Person-centered thinking	Deleted	Addressed in training required per service definition
3F.1h First aid, CPR, Heimlich (minimum of one staff on the premises at all times if a 24-hour residential facility)	3E.1g Current First Aid (includes seizure management)	Clarification
3F.1h First aid, CPR, Heimlich (minimum of one staff on the premises at all times if a 24-hour residential facility)	3E.1h Current CPR (includes Heimlich maneuver or other technique for relieving airway obstruction)	Clarification
	3E.1i Restrictive interventions (e.g. NCI Part B or other Division approved curriculum) with formal refresher training periodically (at least annually)	Clarification and to further address requirements
3F.1i Cultural awareness training	Deleted	Core competency, not required training
Review sample of licensed professional, qualified professional, associate professional and paraprofessional records for documentation of the following training: 3F.1a Client Rights 3F.1b Confidentiality 3F.1c Infectious disease and bloodborne pathogens 3F.1d Alternatives to restrictive interventions (e.g. NCI, Part A, restraint and seclusion training) 3F.1e Abuse, neglect and exploitation 3F.1f Person-centered thinking 3F.1g Medication admin for non-licensed staff who administer medications 3F.1h First aid, CPR, Heimlich (minimum of one staff on the premises at all times if a 24-hour residential facility) 3F.1i Cultural awareness training 3F.1j Training that meets or exceeds the Division's requirements per service definitions	Review sample of licensed professional, qualified professional, associate professional and paraprofessional records for documentation of the following training: 3E.1a Client Rights 3E.1b Confidentiality 3E.1c Infectious disease and bloodborne pathogens 3E.1d Alternatives to restrictive interventions (e.g. NCI Part A, CPI, or other Division approved curriculum) with formal refresher training periodically (at least annually) 3E.1e Training that meets or exceeds the Division's requirements per service definitions **When applicable:** 3E.1f Medication administration for non-licensed staff who administer medications 3E.1g Current First Aid (includes seizure management) 3E.1h Current CPR (includes Heimlich maneuver or other technique for relieving airway obstruction) 3E.1i Restrictive interventions (e.g. NCI Part B or other Division approved curriculum) with formal refresher training periodically (at least annually)	Shows all changes in the subelements for 3F

Original	Revision	Reason
3D. Associate professional and paraprofessional staff receive ongoing supervision	3D. Staff receive ongoing supervision as required	Clarification and to address changes/any future changes in supervision requirements
3D.1a Evidence that individualized supervision plans are reviewed annually for each associate professional and paraprofessional	3D.1a Evidence that individualized supervision plans are reviewed annually for each paraprofessional, associate professional, and where applicable, qualified professional	Clarification and to address changes/any future changes in supervision requirements
3D.1b Supervision of an AP is provided by a QP, and supervision of a paraprofessional is provided by an AP or QP	3D.1b Supervision of paraprofessionals, associate professionals, and qualified professionals is provided as required in the service definition or according to rule if not specified in the service definition	Clarification and to address changes/any future changes in supervision requirements
Worksheet 3		
1A.2 Please describe the agency's quality management plan and what your agency does to provide quality services and improve consumer care.	1A.2 What can you tell me about your agency's quality management plan? How does your agency make staff aware of its QM plan and QM activities? What does your agency do to ensure quality services are provided? How does your agency go about ensuring compliance with rules and regulations?	Clarification
3C. Provider staff and clinical supervisors understand the requirements of their positions	3C. The job description reflects the requirements of the position as outlined in the service definition	Clarification and to reflect the content of the subelements
3D. Associate professional and paraprofessional staff receive ongoing supervision	3D. Staff receive ongoing supervision as required	Clarification and to address changes/any future changes in supervision requirements
3D.2a Tell me about the clinical supervision you receive. Who provides it? How is it provided? How often do you meet? What types of topics do you discuss? Who sets the agenda? Do you have a clinical supervision plan, and are you receiving supervision according to that plan?	3D.2a Who provides you with clinical supervision? How often do you meet? Is this consistent with the frequency specified in your supervision plan?	Clarification
Rating options for 3D.2a: • Receives regular supervision by a QP/AP according to a	Rating options for 3D.2a • Receives regular supervision by the appropriate profes-	Clarification and to address changes/any future changes in supervision requirements

Original	Revision	Reason
plan • Receives infrequent supervision by a QP/AP or less than planned	sional according to a plan Receives infrequent supervision by the appropriate professional or less than planned	
3D.2b Describe what resources (clinical, etc.) are available to you when you are supporting a person with significant needs? Have these resources been helpful to you, and do they enable you to properly support these persons with significant needs?	How does this supervision assist you in supporting the consumers you serve? Do you receive the consultation and support you need, when you need it?	Clarification
Rating options for 3D.2b: • Receives consultation and support from a QP/AP when needed • Consultation and support from a QP/AP is not always available when needed	Rating options for 3D.2b: • Receives consultation and support from the appropriate professional when needed • Consultation and support from the appropriate professional is not always available when needed	Clarification and to address changes/any future changes in supervision requirements
3D.2c Are you receiving the right type, quality, and quantity of clinical supervision to meet the needs of the persons you are supporting?	Deleted	Duplicative/subjective—documentation of supervision reviewed
3E. Staff are competent to support all individuals to whom they are assigned	Deleted	Duplicative—see below
3E.2a What specific training have you received to support _____? Do you think the training has prepared you to meet the needs of this/these individual(s)?	Deleted	Duplicative—training reviewed; evidence of this also in consumer record review
3E.2b Can you describe this individual's crisis plan? What is your role in carrying out the plan if needed? Does this individual take medication? How do you assist him/her with that? What training did you receive to enable you to perform these roles?	Deleted	Duplicative—crisis prevention/crisis response plans reviewed, incidents reviewed, restrictive interventions reviewed
3F. The provider has an employee training program	Deleted	See below
3F.2 Describe the nature of the provider's system for tracking employee training. Is it centrally managed for the entire organization or decentrally managed by different units/managers?	Deleted	Duplicative/not needed to address new Key Element (3F. Employees receive the required training)

Original	Revision	Reason
3F.2a How do you keep track of the training that staff need to complete?	Deleted	Duplicative/not needed to address new Key Element (3F. Employees receive the required training)
3F.2b How do you keep track to ensure that re-trainings are completed when needed?	Deleted	Duplicative/not needed to address new Key Element (3F. Employees receive the required training)
2C. The provider's response to incidents is appropriate and timely	Deleted	Duplicative—see below
2C.2a Was an assessment done to identify immediate health and safety concerns for the individual(s) involved? When was it done?	Deleted	Duplicative—documentation reviewed (incident reports, consumer records, etc.)
2C.2b Were any immediate risks identified, and if so, what actions were taken, and when were they taken?	Deleted	Duplicative—documentation reviewed (incident reports, consumer records, etc.)
2C.2c Were the actions effective?	Deleted	Duplicative—documentation reviewed; whether or not the actions were effective does not necessarily reflect that the response was or was not appropriate
Worksheet 4		
4A. Upon admission, the Qualified Professional (QP) assures that the Introductory PCP including a Crisis Plan is completed using natural and community supports	Deleted	Complete PCP will be reviewed
If an Introductory PCP was completed, review for the following: 4A.1a Individual triggers & symptoms identified through interviews & assessments	Deleted	Complete PCP will be reviewed
4A.1b Planned prevention and intervention activities to address each trigger/symptom that may lead to a crisis.	Deleted	Complete PCP will be reviewed
4A.1c Interventions include both informal (natural supports, community resources) and formal (paid) supports.	Deleted	Complete PCP will be reviewed
4A.1d Activities listed in the Introductory PCP that will facilitate the development of a complete PCP.	Deleted	Complete PCP will be reviewed

Original	Revision	Reason
4A.1e At a minimum, the signatures of the consumer and/or legally responsible person and the qualified professional that developed the plan.	Deleted	Complete PCP will be reviewed
4A.1f For providers who serve children/youth and their families, the QP prepared the family for the wraparound planning process that would occur in the Child and Family Team meeting.	Deleted	Complete PCP will be reviewed
4B. Information gathered through interviews and assessments is incorporated into the Complete service plan	4A. Information gathered through assessments, person-centered description, and characteristics/ observations/justifications for goals is incorporated into the PCP	Reflects PCP/person-centered language
4B.1a Documentation shows that Interviews with the consumer and other relevant people were conducted or attempted and the information was incorporated into the PCP.	4A.1a Input from consumers and natural supports was obtained or attempted and this information was incorporated into the PCP	Clarification
4B.1b Required comprehensive clinical assessment was completed per DMH/DD/SAS guidance document & information incorporated into the PCP	4A.1b Information from the most recent comprehensive clinical assessment and/or any updated assessment was incorporated into the PCP.	Clarification
4B.1c If the documentation for either 4B.1a or 4B.1b is missing or incomplete, the record contains documentation of efforts to secure the missing information.	Deleted	Duplicative—see 4B.1a and 4B.1b
4C. The QP assures that the service plan addresses the individual's preferences and needs (including any health and safety risks)	4B. The QP assures that the action plan of the PCP addresses what is important TO and important FOR the person (the individual's references and needs, including any health and safety risks) as gathered through the information listed in 4A	Reflects PCP/person-centered language
4C.1a Face to face planning meeting includes QP, individual, and legally responsible person (if applicable)	4B.1a Planning meeting includes face-to-face with individual and face-to-face and/or telephonic contact with legally responsible person (if applicable). For children and youth, there is evidence of Child and Family Team participation in PCP planning and development	Clarification and to further address requirements

Original	Revision	Reason
4C.1b Supports and interventions in service plan addresses individual's identified needs & preferences	4B.1b Supports and interventions in the PCP address what is important TO and important FOR the individual	Reflects PCP/person-centered language
4C.1c Symptoms and observations as well as supports and interventions correlate to comprehensive clinical assessment and NC-TOPPS	Deleted	Duplicative—see 4B.1b
4D. Individual's crisis prevention/crisis response plan are effective	4C. Individual's Crisis Prevention and Intervention plans are complete	Clarification and to reflect PCP/person-centered language
4D.1a The Crisis Prevention/Crisis Response Plan identifies symptoms/behaviors that may trigger the onset of a crisis.	4C.1a The Crisis Prevention and Intervention Plan identifies characteristics and observations of behavior that may trigger the onset of a crisis	Reflects PCP/person-centered language
4D.1b First responder is identified and accessible 24/7.	4C.1b The plan lists crisis prevention and early intervention strategies to help the individual avoid a crisis	Reflects PCP/person-centered language
4D.1c Crisis preventions and crisis responses include both informal (natural supports, community resources) and formal (paid) supports	4C.1c The plan includes strategies for crisis response and stabilization [may include both informal (natural supports, community resources) and formal (paid) supports]	Reflects PCP/person-centered language
4D.1d Plans are reviewed as person's needs change.	4C.1d The plan includes recommendations for interacting with the individual receiving a Crisis Service	Reflects PCP/person-centered language
4E. The QP monitors implementation of the service plan and revises the plan when needed	4D. The QP monitors implementation of the PCP, revises the plan when needed and required, and involves the individual/family/legally responsible person in the process	Reflects PCP/person-centered language
4E.1a QP has monitored services	Deleted	Duplicative—see 4E.1b, 4B.1c, 5A, 5B, 5C
4E.1b During authorization period, QP notes reflect discussions with the individual, legally responsible person, and others to assess intervention effectiveness and need for continued authorization at a level indicated by medical necessity	4D.1a **For providers responsible for writing PCPs:** During the authorization period, QP notes reflect discussions with the individual/family/legally responsible person and others to assess intervention effectiveness and need for continued service	Reflects PCP/person-centered language
4E.1c If documentation in the record indicates a need to revise the service plan, there is	4D.1b **For providers responsible for writing PCPs**: If documentation in the record	Reflects PCP/person-centered language

Original	Revision	Reason
evidence that the information was reviewed by the responsible professional or team and a decision was made whether or not to revise the plan.	indicates a need to revise the PCP, there is evidence that the information was reviewed by the professional responsible for writing the PCP and a decision was made whether or not to revise the plan.	
5A. Services are person-centered and implemented according to the plan and service definitions	4E. Services are implemented according to the plan and service definitions	Clarification
5C.1a Changes in the individual's needs are communicated to the assigned QP.	4G.1a Changes in the individual's needs are communicated to the provider responsible for writing the PCP	Reflects PCP/person-centered language
5C.1b When the QP is made aware of the consumer's changing needs, the documentation shows action is taken to address those needs (e.g. including but not limited to changes in the service plan, team meeting to discuss alternative strategies, evaluation/appointment scheduled, etc.).	4G.1b When the changes in the consumer's needs are identified, the documentation shows action is taken to address those needs (e.g. including but not limited to changes in the PCP, team meeting to discuss alternative strategies, evaluation/appointment scheduled, post-hospitalization follow-up, etc.).	Clarification and to reflect PCP/person-centered language
Worksheet 5		
4C.2a Please describe your level of involvement in developing your service plan. To what extent were you given an opportunity to participate and to provide input?	4B.2a Please describe your level of involvement in developing your PCP. To what extent were you given an opportunity to participate and to provide input?	Reflects PCP/person-centered language
4C.2b How well do you feel that the goals and services described in your plan meet your needs and preferences?	4B.2b How well do you feel that the goals and services described in your plan meet what is important TO you and FOR you (needs and preferences)?	Reflects PCP/person-centered language
4E.2a During the past year, how often has your QP discussed with you your progress on meeting goals in your service plan or the need to revise your plan? Do you feel that this has been sufficient to meet your needs?	4D.2a Does your QP regularly discuss with you your progress on meeting goals in your plan or the need to revise your plan? Do you feel that this has been sufficient to meet your needs	Reflects PCP/person-centered language
4E.2b Is the QP responsive to your questions and concerns about your service plan and the services that you are receiving?	4D.2b Is the QP responsive to your questions and concerns about your PCP and/or the services that you are receiving?	Reflects PCP/person-centered language
4E.2c When your needs change, does the QP help you	4D.2c When your needs change, does the QP help you	Reflects PCP/person-centered language

Original	Revision	Reason
change your service plan to make sure that you get the services and supports you need?	change your PCP to make sure that you get the services and supports you need?	
5A.2a Are you receiving the services from (provider being monitored) that your service plan says you are supposed to be receiving from this provider?	4E.2a Are you receiving the services from (provider being monitored) that your PCP says you are supposed to be receiving from this provider?	Reflects PCP/person-centered language
Worksheet 6		
2E. The provider submits and implements plans of correction (POC) for substantiated complaints when requested	Deleted	Duplicative—reviewed by assigning agency and/or on f/u of POC
2E.1a Sample LME's records of any substantiated complaints involving the provider (since the last monitoring review) to determine the provider's responsiveness and compliance with submitting and implementing plans of correction when requested. 2E.1a.1 Provider submitted a plan of correction (POC) within the required timeframe	Deleted	Duplicative—see 2E above
2E.1a.2 Provider successfully implemented the plan of correction (POC) within the required timeframe	Deleted	Duplicative—see 2E above